

<b>Case Number:</b>	CM13-0072285		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	08/07/1996
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is status post and injury on 8/7/96. The 10/11/13 note states that the patient was involved in a MVA. He has been seen by several physicians over the past few years and has been treated with chiropractic care, cervical fusion (1997), medication, pain clinic. He has neck pain into the shoulders, headaches, numbness and tingling in both arms, lumbar spine pain. Review of records indicates that there was an inconsistent urine drug screen on 11/14/13 which was negative for amphetamines, despite a Nuvigil prescription. There is documentation of a 12/18/13 adverse determination due to the fact that Nuvigil is not recommended to counteract sedation effects from narcotics until first considering reducing excessive narcotic prescriptions. The review identified that there was an 11/26/13 progress note which stated that the claimant has to take Nuvigil in order to even function at a minimal level through the day because of daytime somnolence. The patient is noted to be on 215 morphine equivalents. The plan was to titrate the opioid regimen down.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**NUVIGIL 250MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Nuvigil/Monofidil.

**Decision rationale:** CA MTUS does not address this issue. ODG states that Nuvigil is not recommended solely to counteract sedation effects of narcotics. There is no evidence that the patient has been compliant with Nuvigil. There is no evidence that a weaning/titration schedule has been attempted to address excessive narcotic sedation. The request is not medically necessary.